

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8		4				
9		0				
10		0				
11	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		/				
24		/				
25	/					
26		/				
27		/				
28		/				
29	/					
30		1				
31		0				
32	/					
33		/				
34		/				
35	/					
36		/				
37		/				
38	/					
39	/					
40	/					
41		/				
42		0				
43		/				
44	/					
45		/				
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	14	1		1		1
TOTAL DEP.	37					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58	/					
59		/				
60		/				
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	1	18	1		1
TOTAL DEP.	8		45			
TOTAL CLAIMS			63			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS